


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000008681 1. Entity Name ELOHIM PRAISE, WORSHIP, AND DELIVERANCE, INCORPORATED	
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Principal Place of Business 1419 SW 2ND CT CHIEFLAND, FL 32626	Mailing Address P.O. BOX 1202 BRONSON, FL 32621
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2199497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STACY, CURTIS SR.
11271 NE 87TH AVE
BRONSON, FL 32621

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BRYANT, CLIFFORD 2100 NE 11TH TERR GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JAMES, CHARLENE 257 NE 11TH ST CT WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC DUKES, TERRY P.O. BOX 291 BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/08-80043-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____